

City of St. Louis - Communications Division
APPLICATION
Communications Transmission System License

1. Applicant's Full Name, Address, Telephone and Fax:

2. Applicant is (check one): Corporation Sole Proprietorship Individual Other

If "Other," please explain _____

3. Name, address and telephone of person to receive correspondence, notices and queries:

4. If known, state name of surety company providing bond (see 23.64.120 City Code):

5. If known, state name of company providing providing insurance (see 23.64.130 City Code):

6. Type of conduit and/or cable which applicant proposes to place (or already has in place, if an existing system) in or over streets, alleys, public rights-of-way or other public places owned by the City of St. Louis: (Please include all cable types and strand-counts, as well as diameters of conduit and innerduct):

7. What is **total length** of each type of cable, conduit and innerduct which applicant proposes to place (or has in place) in the City's rights-of-way?

8. Does applicant agree to abide by all technical specifications set forth in Attachment A hereto?

Yes No (If no, please attach minimum technical specifications applicant proposes to follow in construction and maintenance of its system.)

9. a. For proposed construction, please attach an engineering site plan showing proposed location of the system, including manholes and poles; size, type and proposed depth of any conduit or other enclosures, and the relationship of the system to all existing streets, sidewalks, poles, utilities and other improvements within public streets, alleys, rights-of-way, or other public places in which applicant proposes placing components of its communications transmission system.

b. For existing systems, please provide as-built plan showing the same information as above.

I swear, under penalty of perjury, that the following information set out above and on attachments hereto, is, to the best of my knowledge and belief, true, accurate and complete.

Signed _____

Please state your relationship to the Applicant: _____

Date _____